



2700 RCE \$
2621
Patent
Attorney's Docket No. 018987-029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Satoru OKADA

Application No.: 09/614,584

Filed: July 12, 2000

For: IMAGE COMBINING AND
OUTPUTTING APPARATUS THAT
ADJUSTS THE BALANCE BETWEEN
THE IMAGES BEING COMBINED

Group Art Unit: 2621

Examiner: Duy M. Dang

Confirmation No.: 2307

7-8
DUE 1/15
3-13-04
RECEIVED

MAR 04 2004

Technology Center 2600

**REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER**

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
[] \$385.00 (2801) [X] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [X] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

[] B. Applicant(s) previously submitted the following documents for which continued examination is requested:

[] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _

[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _

[] Other: _____

2. The following documents are enclosed with this submission:

[X] Amendment/Reply.

[] Affidavit(s)/Declaration(s).

[] Information Disclosure Statement (IDS).

[] Petition for Extension of Time.

[] Other: _____

3. [] Small entity status is hereby claimed.

[] No additional claim fee is required.

[] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

03/03/2004 HVUONG61 00000127 09614584

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770.00 OP

(10/03)

Request for Continued Examination Transmittal Letter

Application No. 09/614,584Attorney's Docket No. 018987-029

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C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$770.00 (1001)
Total Claims	14	MINUS 20 =	0	× \$18.00 (1202) =	
Independent Claims	5	MINUS 3 =	2	× \$86.00 (1201) =	\$172.00
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Fee					\$942.00
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					\$942.00


4. ☒ A check in the amount of \$ 942.00 is enclosed for the fee due.
5. ☐ Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: March 1, 2004

By: 
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